

	Trkg	Edit	DE 1	DE 2	Other
Date					
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☐

PARTICIPANT ID:

**NORTHERN CALIFORNIA
 BREAST CANCER FAMILY REGISTRY
 PROBAND QUESTIONNAIRE
 MALE
 TREATMENT QUESTIONS INCLUDED**

CENTER ID:

FAMILY ID:

DATE OF DIAGNOSIS:

MO DAY YEAR

INTERVIEWER: _____

DATE OF INTERVIEW:

MO DAY YEAR

STARTING TIME OF INTERVIEW

AM 1
HR MIN PM 2

TYPE OF INTERVIEW:

IN-PERSON 1 PHONE 2

h:\qnaire\MALPRRV4
rev.11/18/98

SECTION A. BACKGROUND INFORMATION

I would like to begin by asking for some background information about you and your family.

A1.	How old are you?	AGE
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A2.	What is your date of birth?	MO DAY	YEAR
-----	-----------------------------	--------	------

A3.	IDENTIFY SEX OF PARTICIPANT	MALE	1
		FEMALE	2

A4. What was the highest level of education you completed?
(SHOW CARD A, READ CHOICES)

Less than 8 years	1
8 to 11 years, without high school graduation	2
High school graduation	3
Vocational or technical school	4
Some college or university	5
Bachelor's degree	6
Graduate degree	7
DK	9

A5.	Are you currently...	Married or living as married	1
		Widowed	2
		Divorced	3
		Separated	4
		Never married	5
		DK	9

A6. Which of the following choices best describes your race or ethnic background?
(SHOW CARD B, CIRCLE AS MANY AS APPLY)

White, non Hispanic	1	
White, Hispanic		16
African-American or Black, non Hispanic		2
African-American or Black, Hispanic	17	
Native American	3	
Chinese		4
Japanese		5
Filipino		6
Hawaiian		7
Korean	8	
Asian Indian or Pakistani		9
Vietnamese		10
OTHER (SPECIFY) _____		
_____		88
DK		99

☒ A7. In what country were you born? _____

IF BORN IN U.S.: GO TO A10.

IF NOT BORN IN THE U.S.:

☐ A8. In what year did you first come to live in the United States?

☐ A9. In total, how many years have you lived in the United States?

A10.	In what country was your mother born?	_____
A11.	Your mother's mother?	_____
A12.	Your mother's father?	_____
A13.	In what country was your father born?	_____
A14.	Your father's mother?	_____
A15.	Your father's father?	_____

A16. What was the first language you learned to speak?

English	1	GO TO A21.
Spanish	2	
Chinese	3	
Japanese	4	
Tagalog	5	
Vietnamese	7	
 OTHER (SPECIFY)		
_____	8	

IF ENGLISH QUESTIONNAIRE, GO TO A18.

A17. Which of these choices best describes how well you speak English?

Well	1	
Medium	2	
Little	3	
Not at all	4	GO TO A21.
DK	9	

A18. When you are speaking with your spouse or partner, how often do you speak English?
(SHOW CARD C)

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5
NO SPOUSE/PARTNER	8

A19. When you are speaking with your children, how often do you speak English?

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5
NO CHILDREN	8

A20. When you are speaking with your friends, how often do you speak English?

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5

A21. Which of the following religions were you born into? (SHOW CARD D, READ CHOICES)

Protestant	1
Catholic	2
Buddhist	3
Ashkenazi Jewish	4
Sephardic Jewish	5
Other or uncertain Jewish	6
Hindu	7
Eastern Orthodox	8
Muslim	9
Mormon	10
Seventh Day Adventist	11
None	12

OTHER (SPECIFY)

_____	13
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A22. What religion was your mother born into?

OTHER (SPECIFY)

A23. Your mother's mother?

OTHER (SPECIFY)

A24. Your mother's father?

OTHER (SPECIFY)

A25. What religion was your father born into?

OTHER (SPECIFY)

A26. Your father's mother?

OTHER (SPECIFY)

A27. Your father's father?

OTHER (SPECIFY)

A28. What religion do you currently practice?

OTHER (SPECIFY)

SECTION B. MEDICAL HISTORY

The next section asks questions about some illnesses you may have had.

B1. Has a doctor ever told you that you had cancer, leukemia or a malignant tumor?

YES 1
NO 2 GO TO B9.
DK 9 GO TO B9.

IF YES:

	CANCER #1	CANCER #2	CANCER #3
B2. What type of cancer did you have?			
B3. How old were you when this cancer was <u>first</u> diagnosed?			
	AGE	AGE	AGE
B4. In what year were you diagnosed with this cancer?			
B5. In what city and state were you diagnosed?			
B6. What is the name of the hospital or clinic where you			

were diagnosed?			
B7. What is the address of that hospital or clinic where you were diagnosed?			
B8. What is the name of the physician who made the diagnosis?			
PROBE FOR OTHER CANCERS			

B9. Has a doctor ever told you that you had benign prostatic hyperplasia, or BPH, which means an enlarged prostate?

YES	1
NO	2 GO TO B11.
DK	9 GO TO B11.

IF YES:

☐

B10. How old were you when this was first diagnosed? AGE

B11. Has a doctor ever told you that you had gynecomastia which means enlarged breasts?

YES	1
NO	2 GO TO B13.
DK	9 GO TO B13.

IF YES:

☐

B12. How old were you when this was first diagnosed? AGE

B13. Have you ever had a breast completely removed?

YES	1
NO	2 GO TO C1.
DK	9 GO TO C1.

IF YES:

B14. Did you have your right or left breast removed?

RIGHT ONLY	1
LEFT ONLY	2
BOTH	3

B15. How old were you when you had your breast(s) removed?

RIGHT	AGE
LEFT	AGE

SECTION BB. TREATMENT (MALE PROBANDS)

The following questions ask about treatment given for your breast cancer diagnosed in _____(DATE). This treatment is usually given within the first year of the diagnosis. Please do not include treatment given for any cancer that might have occurred after the original treatment.

BB1. Did you have surgery for this breast cancer diagnosed in _____(DATE)?

NO	1	GO TO QUESTION BB3
YES	2	

IF YES:

BB2. What type of surgery did you have? **CIRCLE ALL THAT APPLY**

- 1 Lumpectomy or removal of just the cancer
- 2 Mastectomy or removal of the entire breast

BB3. Did you have radiation for this breast cancer?

NO	1	GO TO QUESTION BB5
YES	2	

IF YES:

BB4. Did you have _____? **CIRCLE ALL THAT APPLY**

- 1 radiation to the breast after lumpectomy
- 2 radiation to the chest after mastectomy
- 3 other:
- 9 DK

BB5. Did you have hormonal therapy such as Tamoxifen for this breast cancer?

NO 1 GO TO QUESTION BB7
YES 2

IF YES:

BB6. What medicines did you receive?

9 DK

BB7. Did you have chemotherapy for this breast cancer?

NO 1 GO TO QUESTION BB9
YES 2

IF YES:

BB8. What medicines did you receive?

9 DK

BB9. Did you receive other types of treatment for this breast cancer, such as a bone marrow transplant or immune therapy?

NO 1 GO TO QUESTION BB11
YES 2

IF YES:

BB10. What other treatment did you receive?

9 DK

BB11. Since your breast cancer diagnosis in _____(DATE), did the breast cancer come back or did you have cancer in the opposite breast?

NO 1 GO TO QUESTION C1

YES

2

IF YES:

BB12. Where in the body did this cancer occur?

- 1 same breast
- 2 lymph glands
- 3 skin
- 4 bone
- 5 liver
- 6 lung
- 7 brain
- 8 other (**SPECIFY**):
- 9 opposite breast **GO TO QUESTION BB13**

IF NOT OPPOSITE BREAST, GO TO QUESTIONS C1

BB13. How old were you when the cancer in the opposite breast was diagnosed? _____ **AGE**

BB14. At the time that the cancer in the opposite breast was diagnosed, was it _____?

- 1 only in the breast with or without spread to lymph glands, *or*
- 2 spread to other sites besides the breast and lymph glands.

The following questions ask about treatment given for the cancer in the opposite breast. Please do not include treatment given for any cancer that might have occurred after the diagnosis of the cancer in the opposite breast.

BB15. Did you have surgery for this cancer in the opposite breast?

- NO 1 **GO TO QUESTION BB17**
- YES 2

IF YES:

BB16. What type of surgery did you have? **CIRCLE ALL THAT APPLY**

- 1 Lumpectomy or removal of just the cancer
- 2 Mastectomy or removal of the entire breast
- 9 DK

BB17. Did you have radiation for this cancer in the opposite breast?

- | | | |
|-----|---|----------------------------|
| NO | 1 | GO TO QUESTION BB19 |
| YES | 2 | |

IF YES:

BB18. Did you have _____? **CIRCLE AS MANY AS APPLY**

- 1 radiation to the breast after lumpectomy
- 2 radiation to the chest after mastectomy
- 3 other:

- 9 DK

BB19. Did you have hormonal therapy such as Tamoxifen for this cancer in the opposite breast?

- | | | |
|-----|---|----------------------------|
| NO | 1 | GO TO QUESTION BB21 |
| YES | 2 | |

IF YES:

BB20. What medicines did you receive?

- 9 DK

BB21. Did you have chemotherapy for this cancer in the opposite breast?

- | | | |
|-----|---|----------------------------|
| NO | 1 | GO TO QUESTION BB23 |
| YES | 2 | |

IF YES:

BB22. What medicines did you receive?

9 DK

BB23. Did you receive other types of treatment for this cancer in the opposite breast, such as a bone marrow transplant or immune therapy?

NO	1	GO TO QUESTION BB25
YES	2	

IF YES:

BB24. What other treatment did you receive?

9 DK

BB25. Has the cancer recurred or come back after the treatments listed above?

NO	1	GO TO QUESTION C1
YES	2	

IF YES:

BB26. At which site in the body did the cancer come back?

1	same breast
2	lymph glands
3	skin
4	bone
5	liver
6	lung
7	brain
8	other (SPECIFY):

SECTION C. HEIGHT AND WEIGHT

Now I have some questions about your height and weight.

C1. How tall are you? FEET . INCHES

CMS

C2. What is your current weight? . LBS.

KGS

C3. What was your weight one year before your cancer was diagnosed?

. LBS.

. KGS

SECTION D. ALCOHOL

Now I will be asking you about alcoholic beverages you may have consumed.

- D1. Have you ever consumed any alcoholic beverages, such as beer, wine, or liquor at least once a week for 6 months or longer?

YES	1
NO	2 GO TO E1.
DK	9 GO TO E1.

IF YES:

- D2. At what age did you first start consuming alcoholic beverages at least once a week for 6 months or longer?

AGE

- D3. Up until one year before your diagnosis of cancer, were you consuming alcoholic beverages at least once a week?

YES	1 GO TO D5.
NO	2
DK	9 GO TO D5.

IF NO:

- D4. At what age did you stop consuming alcoholic beverages at least once a week?

AGE

- D5. Up until one year before your diagnosis of cancer, for how many years in total did you consume alcoholic beverages at least once a week?

YEARS

- D6. Up until one year before your diagnosis of cancer, when you consumed alcoholic beverages at least once a week, how many 12 oz. cans or bottles of beer did you usually have in a week?

- D7. Up until one year before your diagnosis of cancer, when you consumed alcoholic beverages at least once a week, how many medium glasses of wine or wine coolers did you usually have in a week?

- D8. Up until one year before your diagnosis of cancer, when you consumed alcoholic beverages at least once a week, how many shots of liquor did you usually have in a week?

SECTION E. SMOKING

Now I have some questions about cigarette smoking.

E1. Have you ever smoked at least 1 cigarette a day for 3 months or longer?

YES	1
NO	2 GO TO F1.
DK	9 GO TO F1.

IF YES:

E2. At what age did you first start smoking at least 1 cigarette a day for 3 months or longer?

AGE

E3. Up until one year before your diagnosis of cancer, were you smoking at least 1 cigarette a day?

YES	1 GO TO E5.
NO	2
DK	9 GO TO E5.

IF NO:

E4. At what age did you stop smoking at least 1 cigarette a day?

AGE

E5. Up until one year before your diagnosis of cancer, for how many years in total did you smoke at least 1 cigarette a day?

YEARS

E6. Up until one year before your diagnosis of cancer, when you smoked at least 1 cigarette a day, how many cigarettes did you usually smoke in a day?

CIGARETTES
PER DAY

SECTION F. RADIATION EXPOSURE

Now I have some questions about x-ray examinations and radiation treatments.

First I will ask you about x-ray examinations in the chest area.

F1. Up until one year before your diagnosis of cancer, did you ever have any of the following types of x-ray examinations?		<u>IF YES:</u>	F2. How old were you when you <u>first</u> had this type of x-ray examination?	F3. Up until one year before your diagnosis of cancer, how many times did you have this type of x-ray examination?
X-ray examinations for heart catheterization	YES	1 →	AGE	
	NO	2		
	DK	9		
X-ray examinations for scoliosis	YES	1 →	AGE	
	NO	2		
	DK	9		
Other intensive x-ray examinations of the chest area (SPECIFY) _____ _____	YES	1 →	AGE	
	NO	2		
	DK	9		

The next questions are about x-ray examinations in the lower abdomen or pelvis.

F4. Up until one year before your diagnosis of cancer, did you ever have any of the following types of x-ray examinations?		IF YES:	
		F5. How old were you when you <u>first</u> had this type of x-ray examination?	F6. Up until one year before your diagnosis of cancer, how many times did you have this type of x-ray examination?
Barium examination of the lower bowel	YES	1 →	AGE
	NO	2	
	DK	9	
CT scan or x-ray examinations of the lower spine or pelvis	YES	1 →	AGE
	NO	2	
	DK	9	
Other intensive x-ray examinations of the lower abdomen or pelvis (SPECIFY) _____ _____	YES	1 →	AGE
	NO	2	
	DK	9	

Now I have some questions about radiation treatments that included the chest area. Please do not include radiation treatments you may have received for the treatment of breast cancer.

F7. Up until one year before your diagnosis of cancer, had you ever been treated with radiation for any of the following conditions?		<u>IF YES:</u> F8. How old were you when you were <u>first</u> treated with radiation for this condition?	F9. Up until one year before your diagnosis of cancer, how many times had you been treated with radiation for this condition?
Tuberculosis	YES 1 → NO 2 DK 9	AGE	
Cancer	YES 1 → NO 2 DK 9	AGE	
Acne	YES 1 → NO 2 DK 9	AGE	

Mastitis	YES	1 →	AGE	
	NO	2		
	DK	9		
Enlarged thymus gland	YES	1 →	AGE	
	NO	2		
	DK	9		
Hemangioma	YES	1 →	AGE	
	NO	2		
	DK	9		
Other conditions in the chest area (SPECIFY) _____ _____	YES	1 →	AGE	
	NO	2		
	DK	9		

The next questions are about radiation treatments that included the lower abdomen or pelvis.

F10. Up until one year before your diagnosis of cancer, had you ever been treated with radiation for any of the following conditions?		<u>IF YES:</u>	
		F11. How old were you when you were <u>first</u> treated with radiation for this condition?	F12. Up until one year before your diagnosis of cancer, how many times had you been treated with radiation for this condition?
Cancer	YES	1 →	AGE
	NO	2	
	DK	9	
Other conditions in the lower abdomen or pelvis treated with radiation (SPECIFY) _____ _____	YES	1 →	AGE
	NO	2	
	DK	9	

SECTION G. PHYSICAL ACTIVITY

The following questions are about your physical activity at various times in your life. I will ask about strenuous exercise and moderate exercise separately. To answer these questions, please estimate the average amount of time each week and the average number of months each year that you spent exercising.

First I'll ask you about strenuous exercise activities or sports, such as swimming laps, aerobics, calisthenics, running, jogging, basketball, cycling on hills, or racquetball.

	G1. When you were between (AGE RANGE) , how many hours a week on average did you do <u>strenuous</u> exercise? (SHOW CARD G)	G2. How many months a year on average did you do <u>strenuous</u> exercise? (SHOW CARD H)
12 and 17 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
18 and 24 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
25 and 34 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	DK	99	
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	G1. When you were between (AGE RANGE) , how many hours a week on average did you do <u>strenuous</u> exercise? (SHOW CARD G)	G2. How many months a year on average did you do <u>strenuous</u> exercise? (SHOW CARD H)
35 and 44 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
45 and 54 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
55 years or older	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	G3. In the 3 years before your diagnosis of cancer, for how	G4. In the 3 years before your diagnosis of cancer, for
--	---	---

	many hours a week on average did you do <u>strenuous</u> exercise? (SHOW CARD G)	how many months a year on average did you do <u>strenuous</u> exercise? (SHOW CARD H)
3 years before diagnosis	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

Now I will ask you about moderate exercise activities or sports, such as brisk walking, golf, volleyball, cycling on level streets, recreational tennis, or softball.

	G5. When you were between (AGE RANGE), how many hours a week on average did you do <u>moderate</u> exercise? (SHOW CARD I)	G6. How many months a year on average did you do <u>moderate</u> exercise? (SHOW CARD J)
12 and 17 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
18 and 24 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
25 and 34 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	G5. When you were between (AGE RANGE) , how many hours a week on average did you do <u>moderate</u> exercise? (SHOW CARD I)	G6. How many months a year on average did you do <u>moderate</u> exercise? (SHOW CARD J)
35 and 44 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK
45 and 54 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
55 years or older	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	G7. In the 3 years before your diagnosis of cancer, for how many hours a week on average did you do <u>moderate</u> exercise? (SHOW CARD I)	G8. In the 3 years before to your diagnosis of cancer, for how many months a year on average did you do <u>moderate</u> exercise? (SHOW CARD J)
3 years before diagnosis	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

SECTION H. TWIN STATUS AND CANCER TRIALS

H1. Are you a twin?

YES	1
NO	2 GO TO H3.

IF YES:

H2. Non-identical twins are no more alike physically than ordinary brothers and sisters. Genetically identical twins, on the other hand, have a strong resemblance to each other in height, coloring, features of the face, etc. They look so much alike that people often mistake one for the other, especially during their childhood.

Do you think you and your twin are identical?

YES	1
NO	2
DK	9

H3. Are you, or have you ever been, a participant in a cancer prevention trial?

YES	1
NO	2 GO TO H5.

IF YES:

H4. What kind of cancer prevention trial was it?

Tamoxifen Trial	1
Dietary Trial	2
Other (SPECIFY) _____	3
DK	9

IF TAMOXIFEN TRIAL:

H4a. What month and year did you start the tamoxifen trial? _____
mm yr

H4b. What month and year did you stop the tamoxifen trial? _____
mm yr

H4c. Were you given Tamoxifen or a placebo drug?

Tamoxifen	1
Placebo	2
Don't know	9

H5. Are you participating in other research studies of familial cancer?

YES	1
NO	2 END
DK	9 END

IF YES:

H6. What study of familial cancer is that?

(SPECIFY) _____

END: Thank you very much for taking the time to complete this interview.

TIME INTERVIEW COMPLETED:

AM	1	
HR	MIN	PM 2

INTERVIEWER ASSESSMENT

1. PARTICIPANT'S COOPERATION WAS

VERY GOOD		1
GOOD	2	
FAIR		3
POOR		4

2. THE OVERALL QUALITY OF THIS INTERVIEW IS

HIGH QUALITY	1	
GENERALLY RELIABLE	2	
QUESTIONABLE		3
UNSATISFACTORY		4

3. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW

YES		1
NO		2

IF YES:

DESCRIBE _____
